

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	APPLE INC.	COURT CASE NUMBER
DEFENDANT	APPLE STORY INC., et al.	TYPE OF PROCESS SEIZURE

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 MARK N. MUTTERPERL, ESQ.
 FULBRIGHT & JAWORSKI LLP
 666 FIFTH AVENUE
 NEW YORK, NY 10103

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
MARK N. MUTTERPERL, ESQ. FULBRIGHT & JAWORSKI LLP 666 FIFTH AVENUE NEW YORK, NY 10103	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold _____ Fold

Mark W. Mutterperl /CS
 Signature of Attorney other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	212-318-3000	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. 53	District to Serve No. 53	Signature of Authorized USMS Deputy or Clerk <i>S. DePhillips</i>	Date <i>7/27/11</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>) <i>JAMES T. BECAUTIR</i>	PRESIDENT ALLEGIANEK	INVESTIGATOR	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (<i>complete only different than shown above</i>)		Date <i>7/27/11</i>	Time <i>1:00</i>
		<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
		Signature of U.S. Marshal or Deputy <i>DePhillips</i>	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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